



Member Service enquiries: 1300 362 144

Member Claim Form

Member No.

Name D.O.B.

Address

Suburb State Postcode Phone

Please read the following information before completing this claim form

- Benefits are only payable for services and products provided in Australia
- Original, fully itemised accounts and/or receipts must accompany this claim
- Claims must be lodged with Latrobe within two years of the date of service
- Please ensure that you sign and date the declaration below (Section 4)

Section 1: EXTRAS CLAIMS If required, more space is available overleaf

Patient name	Provider name	Is the account paid in full?	Result of an accident?	Related to compensation?
<input type="text"/>	<input type="text"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>

Section 2: MEDICAL GAP CLAIMS for services received whilst admitted to hospital If required, more space is available overleaf

Date of admission	Patient name	Hospital name	Is the account paid in full?	Result of an accident?	Related to compensation?
<input type="text"/>	<input type="text"/>	<input type="text"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>

Were you informed of out of pocket expenses in relation to the medical service/s? N Y

Was this an emergency admission to hospital? N Y

For further information regarding medical gap claims, please refer to the Just Ask!® information overleaf.

Section 3: Benefits will be paid by electronic funds transfer (EFT) into your account as nominated below

EFT (as per current account details on your membership) EFT as per the details below EFT is unsuitable. Mail a cheque to me

Electronic funds cannot be transferred to credit card

Please complete all financial details. If all details are not completed, your payment could be delayed.

Account holder Financial institution

BSB No. - Account No.

Would you like us to keep these details on file for all future payments for this membership? Y

Section 4: Claimant declaration and signature

I declare that the information provided is true and correct and I authorise the providers concerned to supply any information required to validate this claim.

Claimant signature: Date:



Latrobe Health Services proudly supports and complies with the Private Health Insurance Code of Conduct





Information for claims for medical services provided whilst an in-patient in hospital

MEDICARE TWO-WAY - following the procedures below will reduce delays and maximise your benefits

Medicare two-way takes place when the doctor issues their account directly to you in order for you to claim from Medicare and Latrobe.

Government legislation does not allow Latrobe to contact Medicare on your behalf. If you have any queries regarding Medicare's assessment of your claim, please contact them on 132 011.

To reduce delays and maximise additional medical benefit payments when the doctor sends the bill directly to you, we recommend that you **send all medical claims to Latrobe first.**

1. Complete a Medicare claim form and a Latrobe claim form
2. Answer the out of pocket expenses (IFC) question (Section 2)
3. Declare whether the account has been paid or not (Section 2)
4. Submit your accounts and both claim forms by mail or in person to Latrobe

5. Latrobe will forward your claim to Medicare for you
6. Medicare will send their payment directly to you
7. Latrobe receives the claim details from Medicare and completes payment of gap benefit and any additional benefit where applicable
8. Latrobe will send the payment to you with a statement of benefit

9. If you have not paid the account, you will then send this payment and the Medicare payment on to your doctor together with any out of pocket expenses not covered by Medicare or Latrobe
10. If you had paid the account, the benefit is then payable to you

Note: If you choose to submit your accounts to Medicare in the first instance, you will most likely experience delays in payment.

Section 1: EXTRAS CLAIMS Continued

Patient name	Provider name	Is the account paid in full?	Result of an accident?	Related to compensation?
		N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
		N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
		N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
		N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>

Section 2: MEDICAL GAP CLAIMS for services received whilst admitted to hospital Continued

Date of admission	Patient name	Hospital name	Is the account paid in full?	Result of an accident?	Related to compensation?
			N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
			N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
			N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>
			N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>	N <input type="checkbox"/> Y <input type="checkbox"/>

Office use only

Claim no _____	Date _____	Checked by _____
Cheque No. _____	Payee _____	Amount: \$ _____
Cheque No. _____	Payee _____	Amount: \$ _____
Cheque No. _____	Payee _____	Amount: \$ _____
Cheque No. _____	Payee _____	Amount: \$ _____

Privacy Statement: At Latrobe Health Services, our commitment to you is to handle your personal information in a way that is consistent with our Privacy Policy and our obligations under the state and federal privacy legislation. The collection of this information is necessary to process your health insurance claim. To enable benefits to be paid, we may need to disclose this information to a hospital, medical or other health provider with whom you have had a treatment episode. We may also disclose your personal information to the member named as the policy holder (or any other person who lodges an authorised claim for benefits who would normally be the spouse of the member) where there is an entitlement to benefits under a family policy. If you do not provide the personal information requested about you or any dependant, the consequences may include our inability to process this claim. If you would like access to your personal information or more details concerning our information handling practices, please contact us on 1300 362 144.